

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 2, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Jackson.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 28. Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Celand.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, { Give street and number } #640 Penn Alley.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Fracture of the Spine.  
Osteumia.

Duration of last Sickness, Ten Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurie Cemetery.

Date of Burial, May 3, 1887.

Undertaker, Hercules Ross.

Place of Business, 404 Corn Wall St. Address, #1216 John St.

James Brown M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99593 Office of Registrar DEPARTMENT of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane J. Hill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years,    Months,    Days

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 47 Old Biddle near Corner

Cause of Death, { First (Primary), Second (Immediate), } Pneumonic Abscess  
Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4, 1887

Undertaker, Wm B. Gray H. H. White, M. D.  
Medical Attendant.

Place of Business, 301 N Broadway Address, 1101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

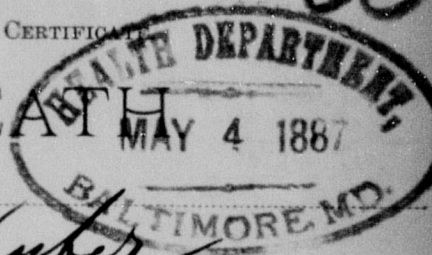
Permit No. 99594 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death,

May 2<sup>nd</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Huber

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 28 Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

837 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), }

Pericarditis

Duration of Last Sickness,

Prostration

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 4 1887

Undertaker,

J. B. Cook

M. D.

Place of Business,

1003 W. 13<sup>th</sup> alt.

Address,

C. M. Reed

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



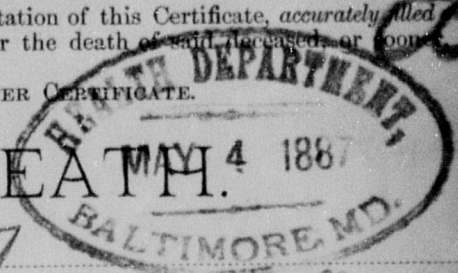
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99595 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or person requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, May 3 1887

Full Name of Deceased, Leonora W. Bright  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female  
{ Cross out the word not required in this line. }

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 406 Hanover St  
{ Give Street and Number. }

Cause of Death, Albumenuria  
Uremia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 5 1887

Undertaker, Denny and Mitchell H. W. Webster M. D.  
Medical Attendant.

Place of Business, 550 N. Fayette St Address, 106 Barron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99596 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH

Date of Death, May 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert J Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 36 Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Iron Pipe Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 7 Centre Market Space

Cause of Death, { First (Primary), Second (Immediate), } Hepatic Echinosis

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 5/87

Undertaker, C. J. Leinen D M Cuthrell M. D.

Medical Attendant.

Place of Business, 925 Madison Ave Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

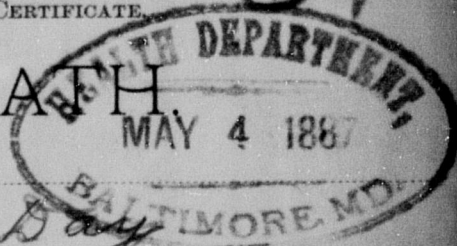
Permit No. 99597 Office of Registrar of Vital Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or ~~before~~ <sup>it</sup> requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH



Date of Death, May 2<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Day

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Reddler

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } W<sup>d</sup> Union Hospital, Greene & Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Bright's Disease.  
uraemic convulsions & coma.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4 1887 Frank Martin M. D.

{ Undertaker, John J. Cowan

Medical Attendant.

{ Place of Business, Poppleton & Hollister Address, W<sup>d</sup> Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99598 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Denboer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years, Months, Days.

Color, white.

~~Married~~ Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co.

Duration of Residence in the City of Baltimore, 75 Years.

Place of Death, { Give Street and Number. } 1422 E Preston St.

Cause of Death, { First (Primary), Second (Immediate), } old age

Duration of Last Sickness, a few minutes.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 5<sup>th</sup> 1887

{ Undertaker, J E Mough + Co } Geo Reynolds M. D. Medical Attendant.

{ Place of Business, 1408 Penn<sup>a</sup> Address, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Taylor

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, ✓ Months, ✓ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } A. A. Co., Md

Duration of Residence in the City of Baltimore, About 5 weeks

Place of Death, { Give street and number } 871 Bruce street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Bright's Disease  
Pneumonia

Duration of last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 5 1887

Thomas E. Sears V. D.  
Medical Attendant.

{ Undertaker, William H. Dunge

{ Place of Business, 150 East St

Address, 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

(OVER)



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99600 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 4, 1887

Full Name of Deceased, Eva Barnes

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 3 Years, 17 Months, 12 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, Ballerina

Birth Place, {State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 1/2 Years

Place of Death, {Give Street and Number. }

Cause of Death, {First (Primary), Marasmus -  
Second (Immediate), Exhaustion -  
Since birth

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6<sup>th</sup> 1887

{ Undertaker, Geo. Leimbach } H. Swath M. D.

{ Place of Business, 647 W. Pratt St } Address, 110 W. Lombard St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99601 Office of Registrar of Vital Statistics. Ward 3<sup>d</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 3<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Flora Gipe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 5 Mo. 20 days

Place of Death, { Give Street and Number. } 24 N. Durham St.

Cause of Death, { First (Primary), Second (Immediate), } Inflammation of the Brain  
Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cym

Date of Burial, May the 4 1887

{ Undertaker, W. Blohm & Co } P. H. Hooperman M. D.  
Medical Attendant.

{ Place of Business, 1709 E. Lombard } Address, 1812 E. B. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]